

DDAS CHALLENGES - BIWEEKLY REPORT

MARCH 11, 2011

(NO INVESTMENTS OR PERSONNEL POSITIONS ATTACHED)

DDAS Project 1: Increase consumer choice and capacity for home-based services through outcomes and performance based contracting. [Initiative A2, C5(3)]				
Key Person	Est. Savings	Completion Date	Outcomes/ Initiative	Measures
Bard Hill	\$1.8 GF (DDAS Projects 1 – 4 collectively)	July 2011	<p>The general assembly recommends that all branches, elected offices, and units of government participate in the performance contract and grant challenge, as defined in Sec. 3 of No. 68 of the Acts of the 2009 Adj. Sess. (2010), and it is the intent of the general assembly that, notwithstanding any other provision of law, memorandums of understanding be executed between the administration and all executive branch government units to achieve the desired outcomes and implementation of this initiative. [Initiative A2]</p> <p>The performance contracting challenge is to institute performance contracting and performance grant-making to achieve better results from contractors and grantees at a fiscal year 2011 cost which is 3.5 percent lower than fiscal year 2010 spending, and at a fiscal year 2012 cost which is 10 percent lower than fiscal year 2010 spending. The goal is to pay contractors based on results, while reducing the total price of contracts and grants. Decrease nursing home utilization through earlier intervention, prevention and increased use of home and community-based services. [Initiative C5(3)]</p> <p>Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)]</p>	<p>(1) Increase the use of performance contracts with the goal of converting \$xx million of contracts to performance-based contracts. [Outcome A1]</p> <p>(2) Contractors and grantees meet performance targets specified in contracts. [Outcome A1]</p>
<p><u>Summary to date:</u> DDAS has developed a detailed plan related to all applicable grants and contracts that need to be restructured. DDAS developed transitional language for Attachment A for our many grants in circulation for renewal or commencement July 1, 2010. We have begun to meet with groups who need to be fully apprised of this plan, finalized a project charter, and attended a meeting with AHS related to performance based contracting and shared best practices. Incorporated transitional language into grants and contracts. Answers were provided to Sept 9 stakeholder questions.</p> <p><u>Completed this reporting period:</u> Continued meeting with grantees and contractors on the development of outcome and performance measures.</p>				

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DDAS Project 2: Develop adult family care (AFC) program [Initiative C5(2)]				
Key Person	Est. Savings	Completion Date	Outcome/ Initiative	Measures
Adele Edelman	\$1.8 GF (DDAS Projects 1 – 4 collectively)	July 2011	<p>Expansion of opportunities for elders and adults with physical disabilities to benefit from a full-time service option similar to the concept of a developmental home. [Initiative C5(2)]</p> <p>Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)]</p>	Increase the number of persons enrolled in AFC
<p><u>Summary to date:</u> Research on the practices in other states. Completed project charter. Draft white paper developed with PHPG. Preliminary review with CMS team on 7/14. Discussion as to whether this will require an amendment to CFC waiver or be considered as an expansion of an existing service under the CFC HCBS setting Adult Family Care. Answers were provided to Sept 9 stakeholder questions. Completed rough draft for internal proofreading. Shared draft with stakeholders and discussed at meeting on October 14, 2010.</p> <p>Received consumer input at a public meeting held on November 4, 2010.</p> <p>Stakeholders meeting has been scheduled for December 8th. In the interim, we are considering folding the development of this concept into the CMS Money Follows the Person Rebalancing grant demonstration opportunity. Pacific Health Policy Group conducted a feasibility analysis to facilitate the discharge of CFC nursing facility residents back into the community. The availability of housing is well known to be one of the hindrances. A request to move forward by the Administration is pending.</p> <p>The AFC stakeholders group was expanded to include a broader range of interested parties, including executives of partner agencies, Advocates and Associations; incorporating a presentation of Money Follows the Person grant opportunity with the discussion on the elements of Adult Family Care. The overall response was quite positive and there was general agreement that the MFP opportunity would mesh well with the development of AFC as well as the new CMS/MDS requirement of actively engaging individuals who indicate that they would like to leave the nursing home.</p> <p>A meeting with AHS resulted in a cautious “go ahead” pending the response to questions raised. PHPG is proceeding to develop the proposal. There are internal meetings scheduled for Dec. 23 to review the draft application.</p> <p>Application was submitted to HHS January 7, 2011. Additional financial information was requested by HHS and sent by DAIL the week of January 28th.</p> <p><u>Completed this reporting period:</u> DAIL was notified February 26 that it was awarded the \$17M grant for 5 years. Work is underway to secure Joint Fiscal Office approval to accept the grant and to obtain approval for 10 fully federally funded positions to do the required work.</p>				

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DDAS Project 3: Fully implement process of simplified eligibility to provide services to clinically eligible people while final financial eligibility is being determined. [Initiative C5(1), C24(8)]				
Key Person	Est. Savings	Completion Date	Outcomes	Measures
Camille George	\$1.8 GF (DDAS Projects 1 – 4 collectively)	July 2011	<p>Establishment by the Department of Disabilities, Aging and Independent Living (DAIL) of a process to provide clinically eligible elders, who meet initial financial eligibility criteria, prescribed by the department with Choices for Care services while their eligibility for such services is being determined. [Initiative C5(1), C24(8)]</p> <p>Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)]</p>	<p>Providers deliver services timely to people who meet presumptive eligibility criteria.</p> <p>Increase number and percentage of people who use CFC HCBS.</p>
<p>Summary to date: The department of children and families economic services division has developed procedures and implemented them as a triage mechanism for staff determining long-term care financial eligibility. For example, when staff have multiple applications to process, they authorize services for people who meet the presumptive eligibility criteria first. Presumptive eligibility procedures have been reviewed within DDAS with formulation of next steps for following up and initial discussions re: education of the provider community.</p> <p>Initial DAIL-DCF ESD meeting held 7/22/10. Identified a number of logistical/financial information and input that needs to be gathered, as well as the need to involve DAIL Business Office and representatives from HP. Also, the workgroup suggests renaming of workgroup, as “presumptive eligibility” has specific meaning to CMS and does not fully match what is called for in the C4C legislation and would require an amendment, perhaps “Expediting Medicaid Financial Eligibility and Interim Services.” Nebraska refers to their program as “Waiver While Waiting.” Follow up meeting occurred 8/19, clarified charge re: simplification. Developed possible scenarios for providing services for clinically eligible while final financial eligibility is determined and received feedback re: directions on which to focus. DCF to confirm what information re: simplification is contained in eligibility training module as well as current practice re: simplification. Follow up meeting occurred September 10.</p> <p>Identified a financial mechanism to support implementation efforts. Clarified that implementation will assure providers are paid as soon as possible, during the period in which final full eligibility is determined, and that recoupment will not be sought at this time for any people who are ultimately found ineligible. Began work to clarify which procedures/policies must be implemented within AHS (AHS, ESD, DAIL) and/or HP. Completed initial draft of current and proposed timeline from time of application to granting Medicaid to identify steps and opportunities to shorten timeline. Follow up meeting scheduled for next reporting period to review timeline, identify needed policies/procedures, and review work plan and timelines.</p> <p>Meeting held 10/15. Reviewed flow chart of current process and made necessary changes, DCF ESD will be adding additional steps to flow chart to outline look back process for resources. Workgroup identified a number of questions re: possible directions; and will be obtaining clarification. Next workgroup</p>				

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meeting 10/25 to finalize flow chart and continue to identify additional options to shorten application timeline, as well as needed policy/procedure/IT changes. Meeting held on 11/3/10. Finalized flow chart and procedure across agencies to track status of Waiver While Waiting (WWW) applicants and to notify AHS if an individual is eventually found ineligible. Remaining activities to complete prior to implementation include: development of WWW screening checklist for DCF eligibility workers and communication with DAIL, creation of data file in DAIL's SAMS database to track WWW participants and creation of demographic modifier in HP system to track expenses. Target date for implementation: January 1, 2011. AIL staff have been meeting on-going to iron out details of SAMS report needed to track WWW; and a full workgroup meeting to check in re: target date for implementation is on track is took place 12/14/10.

A final WWW workgroup meeting took place on 12/20/10 to review final language in the WWW Flow Chart and HP Requirements Document. As work has progressed, further refinements have been made to the process and revisions to both documents will be completed. Implementation is still on schedule for January 1, 2011; and the workgroup will continue to finalize details and communication across ESD – DAIL and HP.

Using SAMS we will be able to track WWW participants and funding, but will not be able to track funds spent on services just during the WWW period or the WWW application timeline. This would require a change in ACCESS, which would take several months. At the 12/20 meeting there was much discussion about how to handle situations where a person is terminated, but has services reinstated during an appeal. It was agreed that DAIL will send HP a report with WWW terminations (for reasons related to WWW) plus those who are WWW active pending appeal. For the appeals, HP will cancel the WWW termination segment so that any new claims filed will bucket to the correct source.

This was implemented January 1, 2011.

Completed this reporting period: A meeting will be scheduled for March 2011 after the first DAIL report to HP will have been submitted to touch base about how implementation is going and to make any necessary adjustments. Also, in early 2011, as time permits, further examination of the clinical eligibility process will occur, since eligibility can only be granted once both the financial and clinical eligibility processes are complete.

DDAS Project 4: Create an interdepartmental team to serve clients of the department of disabilities, aging and independent living with mental health needs. [Initiative C24(1)]

Key Person	Est. Savings	Completion Date	Outcomes	Measures
David O'Vitt	N/A	July 2011	Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)]	TBD

Summary to date: Commissioners of DMH and DAIL will meet in July with AHS Deputy Secretary to establish the charge to the interdepartmental team including clarifying scope:

- Is the team to serve people known to the system and new to system?
- Is the team to serve people described any or other initiatives?
- What is the broad purpose (E.g. Expand service capacity for 24/7 and residential care; review/develop service plans; determine how to fund service plans)

David O'Vitt from DAIL and Frank Reed from Mental Health will act as co-leads. A draft MOU between Developmental Disabilities Services and Children's Mental Health that currently exists was reviewed. Stakeholder input was collected on 9/9/2010 using the DAIL Advisory Board meeting as a

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forum. Board members, consumers, providers, advocates and other interested parties participated and presented their questions. Answers were provided to Sept 9 stakeholder questions. Dec. 2010: A draft of a MOU combining input from both DAIL and DMH has been drawn up and is being reviewed internally.

Completed this reporting period: 1/28/2011 New Commissioners for DAIL and DMH have been appointed. The DAIL Commissioner has been brought up to date on the status of the MOU and she has asked that this initiative be expedited. Next steps will involve bringing the two new Commissioners together to review the proposed MOU as it now stands for input/changes then stakeholder input will be elicited prior to the signing of the MOU.

DDAS Project 5: Reduce the fiscal year 2011 appropriation for developmental services by a total of 1.0 percent in the designated agencies. [Initiative C24(17), Reduction C25(a)(1)]

Key Person	Est. Savings	Completion Date	Outcomes	Measures
Ellen Malone	\$1.5M GC	July 1, 2010	Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)] 1% reduction in developmental services funding with reductions in services minimized to the extent possible. [Reduction C25(a)(1)]	Funding reduced 1%.

Summary to date: Memorandum was sent mid-June to Developmental Services Directors from DAIL Commissioner with instructions for the 1% reduction. Received impact statements timely from some agencies. Sent reminder to 9 agencies that statements were overdue. Followed up with agencies that submitted incomplete information. Began compiling information describing how each agency intends to meet this requirement. Continued to work with one agency that needed further technical assistance to meet the letter and intent of the mandate. Final impact statements received from all but 2 agencies. Followed up with 2 agencies that have not yet submitted final impact statements; expect to receive statements by Sept 15. Begun to finalize summary of the plans including aggregate and detailed impacts of 1% reduction on individuals and agencies. October 14 completed and shared with stakeholders summary of aggregate and detailed impacts of 1% reduction on individuals and agencies. Report posted on DAIL website.

Completed this reporting period: This initiative is completed. (10/22/2010)

DDAS Project 6: Develop new residential options for individuals with developmental disabilities as described in the state system of care plan. [Initiative C24(13)]

Key Person	Est. Savings	Completion Date	Outcomes	Measures
Ellen Malone	N/A	July 2011	Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in	Report through the state system of care plan.

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			settings they prefer. [Outcome C4(2)]	
<p><u>Summary to date:</u> DAIL and the Designated Agencies will examine all possible new options for residential settings during the State and Local System of Care Plan planning process over the next 12 months, including examining models from other states or systems of care. This project is completed for this fiscal year. A decision to take the estimated \$150,000 savings from this year's appropriation was finalized October 5 in negotiations with the Designated Agencies' renewal of the Master Grant Agreement. This initiative will be discussed through the local and State system of care planning process this fiscal year but long-term savings resulting from this initiative are uncertain. This initiative is completed for this fiscal year (10/22/2010). DAIL provided talking points and fact sheets to help agencies frame the discussion. DAIL has also developed a survey tool that will be widely distributed to stakeholders to gather feedback on this and other key issues.</p> <p><u>Completed this reporting period:</u> Broad local input on this topic was received by March 1, 2011. DAIL is currently analyzing the responses from the survey and 12 designated agencies local system of care planning process.</p>				

<p>DDAS Project 7: Analyze new service models for clients with developmental disabilities whose services are high-cost and implement any cost-effective new service models as soon as practical. [Reduction C25(a)(1)]</p>				
Key Person	Est. Savings	Completion Date	Outcomes	Measures
Ellen Malone	N/A	July 2011	Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)]	Report
<p><u>Summary to date:</u> Team comprised of DS program, IT, and business office staff has evaluated the strengths and weaknesses of the 3 available sources of data to address this project. Access has been secured to MSR data sources. Gaps in data sources and reporting are beginning to be identified. MSR meetings scheduled through July and August. DS Director discussion in August. EFR access scheduled to occur for business and IT staff through IT. MSR discussion with DS Directors 8/4. MSR discussion now part of paperwork and admin simplification initiative. We have substantial data supporting the cost effectiveness of current models gathered for the 2009 sustainability study and for FY 10 and FY 11 budget reduction exercises and have investigated models in other states. Analysis of new service models will be incorporated into the System of Care Plan planning process that will begin this fall. We will consider any new, more cost effective options that may be identified. DAIL provided talking points and fact sheets to help agencies frame the discussion. DAIL has also developed a survey tool that will be widely distributed to stakeholders to gather feedback on this and other key issues.</p> <p><u>Completed this reporting period:</u> Broad local input on this topic was received by March 1, 2011. DAIL is currently analyzing the responses from the survey and 12 designated agencies local system of care planning process.</p>				

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DDAS Project 8: Reduce cost of serving individuals with developmental disabilities who pose a risk to public safety. [Initiative C24(18)]				
Key Person	Est. Savings	Completion Date	Outcomes	Measures
Heather Allin	N/A	July 2011	<p>Assess public safety risk of every individual with developmental disabilities in programs funded by the department of disabilities, aging, and independent living. [Reduction C25(b)(2)]</p> <p>Develop protocols for evaluating the appropriateness of less restrictive residential placements based on the results of the assessment. [Reduction C25(b)(2)]</p> <p>Elders, people with disabilities, and individuals with mental health conditions live with dignity and independence in settings they prefer. [Outcome C4(2)]</p>	<p>Compile risk analysis assessment data.</p> <p>Develop protocols for evaluation.</p> <p>Increase community capacity to support individuals posing highest risk.</p>
<p><u>Summary to date:</u> Met with providers, requested revised evaluation data for 200+/- individuals. Some evaluations returned. Met with Robert McGrath, DAIL's Public Safety Consultant for approximately 20 hours. Developed a Risk Assessment template and completed five Risk Assessments. Process is very labor intensive. One Risk Assessment takes approximately 3-5 hours to complete. There are approximately 200 individuals who pose a public safety risk and are in programs funded by DAIL. Some evaluation data compiled. Meeting held with Ellen Malone and Marybeth McCaffrey held on 7/6 to give them an update on the Risk Assessment process to date. Internal meeting held on 7/28 to prepare recommendations for next steps. Meeting held on 7/29 with DS Directors regarding this project and answered questions had. Met on 9/9 with Robert McGrath and Brendan Hogan, Jackie Rogers, Amy Roth, Ellen Malone, Heather Allin, Marybeth McCaffrey, and Dena Monahan. Decisions: 1) Put a contract in place by Oct 15 to hire facilitators to expedite evaluations (including written reports that contain attribution for sources of information) for the approximately 150 people who have no formal offender evaluation on file. 2) Schedule meeting with DAIL/DCF re: improve communication procedures between DCF and DAIL when children in custody move to DAIL programs. 3) Developed a proposed timeline for next steps. Robert McGrath and Heather Allin conducted a mandatory training on 9/24/10 for DS agencies. Trained folks on how to fill out DAIL Risk Assessment Forms. Purpose of forms is to collect all of necessary information so DAIL can complete Risk Assessments. Identified 2 potential contractors who have expressed an interest in working on this initiative. Identified 5 potential assessors. Prepared Scope of Work for contract with them. Working with DAIL Business Office to get contracts in place by October 29. Trained contractors on 10/29. Finalized assessors contracts on 11/12. DS Agencies uploaded the DAIL Risk Assessment worksheets to the FTP secure site by the 11/15 deadline. The contractors began gathering information and writing the DAIL Risk Assessments on 11/15.</p> <p><u>Completed this reporting period:</u> Designated agency staff have completed their work on 188 out of 191 people. Heather Allin and Robert McGrath have reviewed more than half of them and determined the level of risk for each individual. This process will continue through the month of March until all risk assessments are completed. The next phase of the project is to develop a risk assessment protocol by early May. A small workgroup is being formed to begin meeting in April.</p>				